

Japanese Encephalitis Virus Vaccine IC51

ERICH TAUBER

Intercell develops vaccines for the prevention and treatment of infectious diseases.

For more information be invited to: www.intercell.com



Japanese Encephalitis Virus vaccine IC51

OVERVIEW

- » IC51 is a second generation vaccine based on JEV strain SA₁₄-14-2
- » This strain is used as a live virus vaccine in China
- » Our vaccine is
 - produced in Vero cells
 - purified
 - inactivated
 - alum formulated



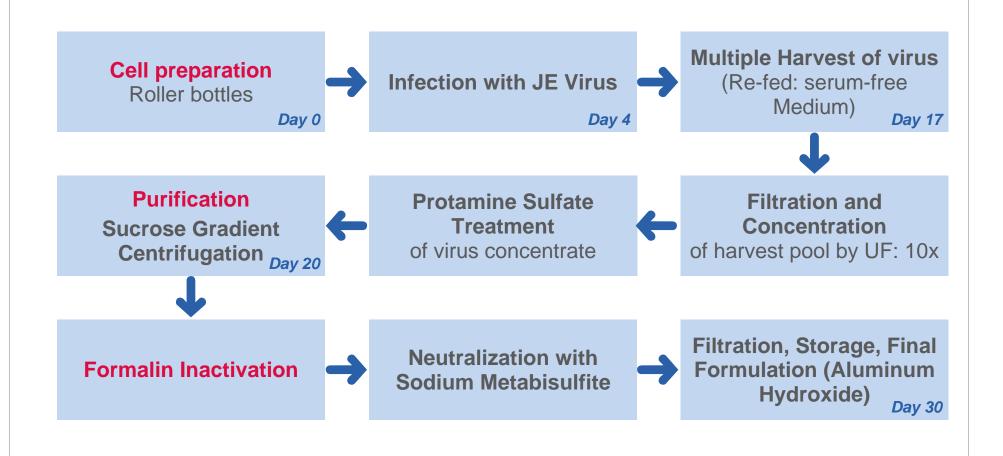
Development Progress as a Travelers Vaccine

OVERVIEW

- » Phase 1 & 2 done in USA by Walter Reed Army Institute of Research
- » Phase 3 started in 2005 US, EU and AUS
- » Estimated Licensure:
 - US 2007
 - **EU** 2007 / 2008



IC51: Manufacturing Process Flow





JE Vaccines used in the Western World

Mouse Brain Derived, inactivated: Nakayama or Bejing strain

- » JE-VAX®: Biken / Sanofi Pasteur
 - Licensed in US, Australia, Canada
- » Korean Green Cross / Berna
- » Denka Seiken
- » Vaccination schedule:
 - s.c., day 0, 7, 30
 - accelerated: 0,7,14
 - Denka Seiken: 0,14 (180)
- » costs: € 150 200,-



Licensure strategy for IC51 as a Travelers Vaccine

Efficacious vaccine is licensed in the Western world

» JE-VAX® showed vaccine efficacy of 91% (CI 70-97%) (Hoke et al 1988)

A classical field study is not feasible

- » Placebo arm would be unethical (existing vaccine)
- » Low incidence (because of existing vaccine) would make it prohibitively large:
 - approx. 250,000 subjects to reproduce JE-VAX® licensure data (Markoff, 2000)

Licensure could be obtained on the basis of non-inferiority IC51 vs. JE-VAX® treatment arms:

- » Seroconversion rate (SCR)
- » Geometric mean titers (GMTs)

Hoke *et al* 1988, New Eng. J. Med. 319:608-14

Markoff 2000, Vaccine 18:26-32



Phase 2: Immunogenicity Results

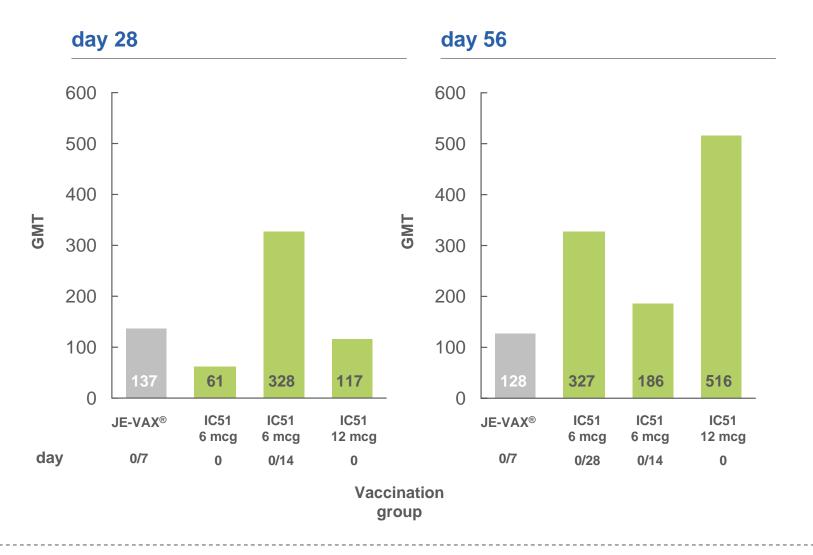
KINETICS OF SCR



group



Phase 2: Geometric Mean Titers (GMT)





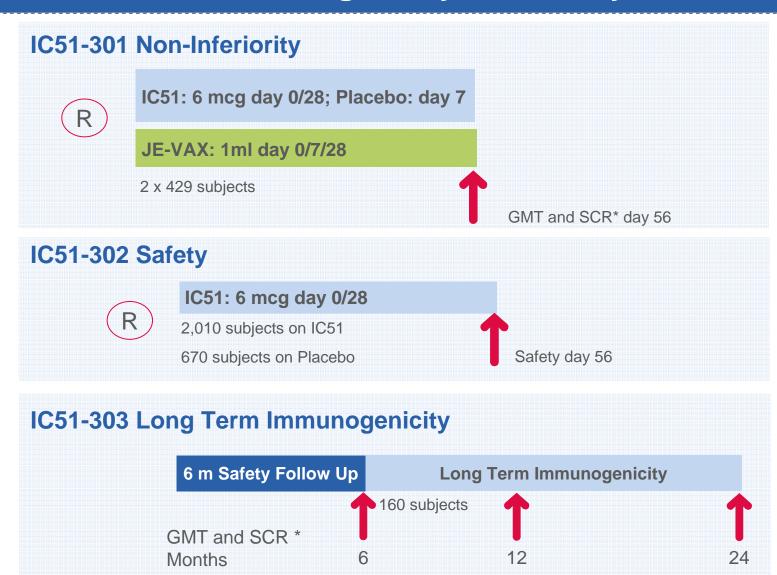
IC51 Phase 3 trial program

PHASE 3 PROGRAM TO ENROLL 4.900 SUBJECTS IN TOTAL

- 1 Pivotal Immunogenicity (IC51-301)
- 2 Pivotal Safety (IC51-302)
- 3 Long-term Immunogenicity (IC51-303)
- 4 Travelers (IC51-308)
- 5 Rapid Immunization (IC51-304)
- 6 Booster Study (IC51-305)
- 7 Batch Comparison (IC51-309)



IC51 Pivotal Immunogenicity and Safety Trials



PAGE 9

R=

GMT= Geometric

SCR* =

rate

Randomization

Mean Titers

Seroconversion

Vaccines for Viral Infections in Developing Countries.

Yokohama, July 28, 2006



Clinical trial IC51-301 met endpoint

FIRST RESULTS OF PIVOTAL PHASE 3 CLINICAL TRIAL

JEV was non-inferior to JE-VAX®

Additional

- » SCR √ (Seroconversion Rate)
- » No safety concerns observed*
- » GMT √ (Geometric Mean Titer)

*Interim analysis

American Society of Tropical Medicine and Hygiene; Annual Meeting, Nov. 12-16,2006 in Atlanta Full results will be presented at ASTMH. Data will be the foundation for license applications to FDA and EMEA



Development Timelines for Travelers Vaccine

» Phase 3 start

» Pivotal Trials Completed

» Regulatory Filing initiated

» Market Launch US

» Market Launch EU

Q3 2006

Q2, Q3 2006

Q4 2006 / Q1 2007

2007

2008



Intercell JEV Vaccine for endemic countries

MAKING THE VACINE AVAILABLE TO THOSE WHO NEED IT MOST

- » Local partner for manufacturing and development: Biological E, Hyderabad, India
- » Produce the vaccine locally, but with identical process and equipment as used for EU/US licensure
- » Tailor final product to specific needs of the region



Development steps of novel JEV vaccine for endemic regions

Manufacturing

Clinical development

Regulatory approval

Distribution

Current status of JEV Vaccine development

- Partner in India for manufacturing the material for clinical development and commercialization
- Tech Transfer
- Manufacturing initiated

- Phase 1 to 3 trials performed in adults were successfully completed in nonendemic countries
- Phase 2 and 3 trials in children and adults in India under preparation
- Biological E is in the process of WHO pre-qualification for other vaccines
- seek national approval for relevant countries
- Intend to the make this vaccine for both private as well as public markets



An ideal JEV Vaccine for endemic regions

PROTECTING CHILDREN AS WELL AS ADULTS IN JE-ENDEMIC REGIONS

» Safe and efficacious

Phase 1 and 2 clinical trials realized in adults have demonstrated the safety and efficacy of our JE Vaccine

» Inactivated vaccine versus live vaccine Inactivated vaccines have good safety track record

» Reduced number of doses

Only two doses are sufficient to obtain a good immunogenicity; Clinical trials with only one dose are planned

» Formulation adapted to the needs of endemic regions
A liquid vaccine is more convenient for transport and routine use



Development Outlook

» Phase Strategic alliance between Intercell and Biological E



» Technology transfer



- » Clinical development start phase 2 start phase 3
- » Licensing & WHO prequalification

